

UNITED STATES DISTRICT COURT
Eastern DISTRICT OF NEW YORK **CV 15**

5510

Jacob Fetman

ORIGINAL

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Yoel Lipsett

Jury Trial: ☒ Yes ☐ No
(check one)

COGAN, J.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

FILED
CLERK
2015 SEP 21 PM 2:14
U.S. DISTRICT COURT
EASTERN DISTRICT
OF NEW YORK

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Jacob Fetman
Street Address 1743 Ocean Ave.
County, City Kings, Brooklyn
State & Zip Code NY, 11230
Telephone Number 646-261-0200

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Yoel Lipsett
Street Address 1695 East 21st. St., Suite A-7

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jacob Ferman

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

-against-

Yoel Lipsett

Is the Plaintiff a
Natural Person? ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part A. Addresses should not be included here.)

Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff
Name Jacob Ferman
Street Address 1743 Ocean Ave.
County, City Kings, Brooklyn
State & Zip Code NY, 11230
Telephone Number 646-261-0300

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name Yoel Lipsett
Street Address 1605 East 21st St., Suite A-7

County, City Kings, BrooklynState & Zip Code NY, 11210Telephone Number 718-252-4375

Defendant No. 2

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 3

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 4

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (*check all that apply*)☒ Federal Questions☐ Diversity of CitizenshipB. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? HIPAA LAW; 42 U.S.C. 1302(a); 42 U.S.C. 1320d-1320d-9

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

V. Relief:

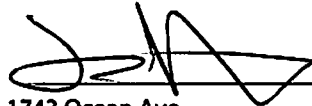
State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. _____

As the case was much publicized in the media, monetary compensatory and punitive damages are requested to be decided at trial.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of September, 2015.

Signature of Plaintiff



Mailing Address

1743 Ocean Ave.

Brooklyn, NY 11230

Telephone Number

646-261-0200

Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20__, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number